SPECIAL FEATURE

RON MICHELS, MD: A SURGEON OF HIGH STANDARDS

Julia Haller, MD, sits down with *NRMD* to review her experience of training under a retina legend: Ron Michels, MD.

AN INTERVIEW WITH JULIA HALLER, MD

Ronald G. Michels, MD, died while awaiting a heart transplant in January 1991. He was 47. An obituary in the Baltimore Sun *said that he was "considered by many peers as the most influential vitreoretinal surgeon in the world."*

The Ronald G. Michels Fellowship Foundation was founded immediately after Dr. Michels' death to honor him and to support second-year vitreoretinal fellows in the United States. As members of the executive committee of the foundation, we felt that asking one of Dr. Michels' former trainees—Julia Haller, MD—to profile Dr. Michels would be appropriate. We hope the memories of her experiences will serve to preserve the legacy of a retina great who left us far too soon.

— Rick Kaiser, MD, and Amy Schefler, MD

***New Retina MD*: How would you characterize Ronald G. Michels, MD?**

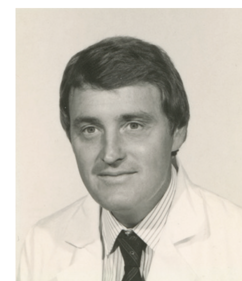
Julia Haller, MD: He was a consummate physician and surgeon—an inspiration, really, especially during a time when retina surgeons couldn't solve as many retina problems as we can today. What stood out in particular was his relentless commitment to patient care, to the very highest standards of medical practice and academic practice.

Ron was somebody who really took no prisoners in terms of the demands he made on everyone, and especially on himself. He set the bar so high that you felt you had to live up to those standards, too—I still feel that way. There was no cutting corners. You saw your postoperative patients yourself. If he had to be on a plane at 6:00 AM, he would see postop patients starting at 4:30 AM. There was no shifting of any work

RONALD G. MICHELS FELLOWSHIP FOUNDATION

A Backgrounder

The Ronald G. Michels Fellowship Foundation, founded in 1991, was established to support and honor vitreoretinal fellows. The nominees for recognition are excellent students, and they are some of the brightest young minds in our field. Equally important as this recognition is another stated objective of the Foundation: "to provide funds for additional young scholars with the hopes that they will follow in his footsteps." The world would be a much richer place, and countless patients would benefit greatly, if that goal were realized.



that he felt was his duty: he did it, and he was uncompromising in his standards. He was determined that absolutely no stone would be left unturned. That went for seeing patients, that went for doing studies and writing papers, and that went for making sure that people who he trained understood exactly what he was talking about and didn't miss any points he was going to make. He was utterly uncompromising in his commitment to meeting the high standards he set.

NRMD: How did those high standards influence your career?

Dr. Haller: They encouraged me to hold myself to high standards. I could hear his voice in my head during and after my training—I hear it still! Whenever the temptation to cut a corner presented itself, I couldn't do it because I could hear Ron talking to me.

I operated the day after he died. It was so hard getting through that day. It's making me cry just remembering because, as I worked through surgery that day, I thought to myself, "I do this particular surgical maneuver exactly this way because it's how Ron taught me." I knew that so many of the things I did during the course of my career were because I learned them from him and that he had impressed good habits on me time and time again.

NRMD: Tell us about the approach Dr. Michels took vis-à-vis patients.

Dr. Haller: He was the ultimate observer and diagnostician. He was absolutely particular about examining patients and understanding exactly what he was dealing with so that he could plan the surgery in a very methodical way. During exams, he would go down a checklist. He got from point A to point Z by going one by one through B, C, D, E, etc. He was linear, clear cut, and very straight forward; everything about his examinations was governed by rules.

Also, he was really a great surgeon. Like his exams, he thought through his surgical procedures methodically. His approach to surgery was this: to be mentally prepared, to be disciplined, and go through a specific checklist of all the maneuvers associated with a particular surgical procedure so that you didn't miss any step. He had a mental checklist and he was absolutely consistent. You knew that, win or lose, he left it all on the field.

Today, some surgeons choose to simply meet a patient in the OR, relying on a colleague to determine if a patient has, say, a retinal detachment. Ron, from soup to nuts, took care of that patient. I think that's kind of a lost art in this era of retina.

NRMD: What about the research aspects of Dr. Michels' career?

Dr. Haller: Remember how I said he was uncompromising in his practice standards? Well, he was also uncompromising in his editorial standards. Anybody who knew Ron knew that if you gave him a draft of a paper it was going to come back with so much red on it that there was practically nothing left.

Ron was a surgeon first and foremost: He liked to fix things. Ron was passionate about surgical theory and, because he was present for the dawn of many surgical procedures, his passion aligned with a fertile topic. Take, for example, surgery for epiretinal membrane [ERM], on which he wrote extensively. Because ERM surgery was relatively new, he was able to influence a generation of surgeons with his research and publications. In fact, people used to joke that he was such a genius to publish early research on ERM surgery because the procedure was relatively straightforward and he got referrals from all over the world. It was a good thing to be famous for!

NRMD: You said that Dr. Michels' dedication to following patients from the exam room to the OR was a lost art. What other aspects of his personality were callbacks to another age of retina?

Dr. Haller: I mean, I have a million stories about him. Here's a good one: He was very specific about doing retinal drawings on all new patients, and any patient due for surgery. If a patient had, for example, a retinal detachment, you had to draw exactly where that retinal detachment was. If it was from 2:30 o'clock to 5:30 o'clock, then you drew exactly that, precisely indicating the borders of the detachment and the location of the holes.

Ron critiqued retinal drawings without mercy—and for good reason. He wanted them to be perfect. It was never personal, and that was clear to his trainees.

Once, when I was new to his service, I gave him a rough sketch of the patient's retina and he just totally teed off on me, making fun of my lame effort. "Look," he said, "this has to be an exact drawing. People have to look at it and know exactly what's going on. We don't want them saying, 'Is this a retina or is this a *pizza*?' This is a *retina drawing*, not some kind of Impressionist painting!" After that, I would die before I gave him a retinal drawing that wasn't perfect, even if it took me 2 hours!

In a much more literal sense, then, I suppose his dedication to retinal drawing accuracy is another example of a lost art. But you know what? His tactics worked. You were motivated. And it made you a better, more deliberate observer and diagnostician. It forced you to see and interpret and understand. Deliberate practice, thousands of hours, refusal to cut corners—that hard work pays off. There's just no question about it. ■

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